

COUNTY OF LOS ANGELES

ASSESSMENT APPEALS BOARD

500 W. TEMPLE STREET, RM. B4 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-1471

Website:bos.co.la.ca.us/services/assessmentappeals.aspx

AUDITOR-CONTROLLER

500 W. TEMPLE STREET, RM. 153 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-8368 Website: auditor.lacounty.gov

OFFICE OF THE ASSESSOR

500 W. TEMPLE STREET, RM. 225 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-3211

Website: assessor.lacounty.gov

TREASURER AND TAX COLLECTOR

225 N. HILL STREET, 1ST. FLOOR LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-2111 Website: ttc.lacounty.gov

Wooden to had a trying

ГО:	OFFICE OF THE ASSESSOR				
	500 W. TEMPLE STREET, RM. 225				
	LOS ANGELES, CALIFORNIA 90012-2770				

RE: AUTHORIZATION OF TAX AGENT OR AGENCY SUBSTITUTION FORM FOR ASSESSMENT, PROPERTY TAX OR APPEALS MATTER

Dear Property Owner:

The Authorization of Tax Agent or Agency Substitution form appears on the reverse side of this letter. It is being sent/given to you at your request, or because your prior authorization has expired.

For your protection, the Office of the Assessor, the Assessment Appeals Board, the Auditor-Controller, and the Treasurer and Tax Collector require your "certification by signature" and Tax Agent Registration Number effective July 1, 2013 on the *Authorization of Tax Agent or Agency Substitution* form before a Tax Agent as defined in Los Angeles County Code Section 2.165.010 (G) will be allowed to represent you in assessment, property tax, or appeals matters.

ASSESSMENT APPEALS BOARD

If this form is used for the Assessment Appeals Board, it must be attached to the original application for changed assessment or a copy of a previously filed application must be attached for the Assessment Appeals Board to accept this authorization. You can obtain an application for changed assessment from the Assessment Appeals Board at the address or website above.

OFFICES OF THE ASSESSOR, THE AUDITOR-CONTROLLER, & THE TREASURER AND TAX COLLECTOR

With respect to matters pertaining to the Offices of the Assessor, the Auditor-Controller, and the Treasurer and Tax Collector, your required "certification by signature" of an agent may be broad and general, or it may set limits on the agent's authority to act in your behalf.

This authorization is valid with the Assessor, the Auditor-Controller, and/or the Treasurer and Tax Collector for four years, unless revoked earlier in writing, terminated by operation of law, or specified for a shorter time period. In the case of an assessment appeal, the authorization is valid until final action on the appeal.

Should you wish to designate an agent, renew or modify your authorization or designate a new agent, please complete the form and follow the instructions on the reverse side. This form may be used to authorize an agent to represent you with the Assessor, the Auditor-Controller, the Assessment Appeals Board, and/or the Treasurer and Tax Collector (subject to the limitations described above), or all four.

NOTE: The Assessment Appeals Board, under the authority of the Los Angeles County Board of Supervisors, is a separate agency from that of the Office of the Assessor, the Auditor-Controller, and the Treasurer and Tax Collector. The Assessor is an independent elected official. This form has been created to be used by all four agencies as a convenience to property owners.

EXM-202 (FRONT) (REV. 5-13)

AUTHORIZATION OF TAX AGENT OR AGENCY SUBSTITUTION

Pro	perty Address <u>500 West N</u>	laple Leaf Court, Pasadena CA	91101				
500 W. Los An	ment Appeals Board Temple Street, Rm. B4 geles, California 90012-2770 74-1471	Office of the Assessor 500 W. Temple Street, Rm. 225 Los Angeles, California 90012-2770 (213) 974-3211	Auditor-Controller 500 W. Temple Stre Los Angeles, Califo (213) 974-8368		Treasurer and Tax Collector 225 N. Hill Street, 1st. Floor Los Angeles, California 90012-27 (213) 974-2111		
I.	This authorizes (please prin			T 4			
	Agent's Name William Ac	Park Place Drive suite 232		lax Agent R	egistration # XXXXXX		
	Telephone No. (xxx) x		nail Address XXXXXX	x@netlink.com			
	to act as an agent in asses according to the authority in Mark this box when so to communicate direction influencing official actions.	ssment, appeals, and/or other tax medicated (please mark appropriate besubstituting this (new) agent for a agent is not an individual who is ectly, or through agents, employeection -OR- if the Agent is a persor apperson is a partner, officer, or o	oxes). nother previously a mployed, under co s or subcontractor representing hims	nuthorized. ntract, or other s, with any Cou self, herself, an i	wise receiving compensation nty official for the purpose of mmediate family member or		
		tification Number: Mapbook XXXX covered by this authorization please ss.		Parcel XXX rcels by Assesso	r's Identification Number. List		
II.	■ Office of the Assess	or Office of the Auditor-Co	ontroller 🔲 Of	fice of the Tre	asurer and Tax Collector		
	■ Agent has full authority to handle all assessment matters with your office. Agent shall have access to all information and						
	materials that would be available to principal.						
	Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.						
	■ This authorization is valid for a period of four years from the date of execution, unless earlier revoked in writing or terminated by operation of law.						
	 ■ This authorization is valid until (date) 5/25/2018 □ Additional instructions						
	Additional instructions _						
III.	Assessment Appeals Boa	ard					
	including withdrawal of legal issues for the parc	to act in connection with the filed prisuch application, the ability to entercels and tax years indicated on the avithdrawn or reaches its conclusion to 15-45654	into a stipulated agre	eement as to valu	ue, and settlement of all related d at the time your assessment		
IV.	Principal accepts full responsibility for any action of the agent carried out pursuant to the authority granted herein						
	CERTIFICATION						
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. Owner/Principal's Name (Print) John B. Smith Telephone No. () (xxx)-xxx-xxxx						
	Email Address JSmith@r		1 010p1	110110 110. () <u> </u>	(1001) 1001 10001		
	Executed in Pasadena		this <u>24</u>	day of May	, 20 <u>14</u>		
	(city	<u>/) </u>	AL OR OFFICER TIT	ΓLE			
	John B. Sm	ith					
V.		narked, please send this form to the					
VI.		opriate. If all boxes were selected, p ease send this form to the Assessm					
VII.		e send this form to the Assessment	Appeals Board and a	a copy to the Offi	ce of the Assessor.		
VIII.	. To effectively revoke this a Effective July 1, 2013 this f	authorization, notify the Assessor or orm is not valid without a current Ta Code Section 2.165.010 (G).	the Assessment App	eals Board and	your agent, in writing.		
	-	ounty Use Only)					